1)

Date/Time: Mar. 11. 2011 3:34PM

File Page No. Mode Destination Pg (s) Result Not Sent 4299 Memory TX 94107861048 P. OK '

r error Hang up or line fail No answer Exceeded max. E-mail size

E. 2) Busy E. 4) No facsimile connection



CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR MEDICAID SERVICES

275 E. Main Street, 5N/-A Frankfort, KY 40321 (502) 564-4321 Fax: (502) 564-0509 www.chts.ky.gov

Janle Miller

Neville Wise Acting Commissioner

Fax

Steven L. Bashear

From Kristina Hoyden To: Ed Hutton Fax (410)78(0-1048 Phona: (410) 786-6616 Dete: 3 11 1 CC: □Urgent aFor Review nPlease Comment pPlease Reply nPlease Recycle COMMENTS: Commonwealth of Kentucky's completed NOI for MIRID.

CONFIDENTIALITY NOTE

This facilities execuse in laterated only for the use of the individual or easily to which it is redecated and may compile confidential information that is legally privileged and exempt from disclasses and mades applicable law. If the reades of this meetings is not the intended recipion, you are notified that any disternization, distribution or copying of this dominant is stickly position. If you have received disconstruction in error, plante notify to inneedinally by telephone and return assoc to us at the above address via the U.S. Portal Service.

KentuckyUnbridledSpirit.com



An Equal Opportunity Employer (MF/D)



CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR MEDICAID SERVICES

Steven L. Beshear Governor 275 E. Main Street, 6W-A Frankfort, KY 40621 (502) 564-4321 Fax: (502) 564-0509 www.chfs.ky.gov

Janie Miller Secretary

Neville Wise Acting Commissioner

Fax

To: Col +	Jutton		From: Tristing	From: Kristina Hayden	
Fax: (410	1786-1048		Pages (including c	Pages (including cover):	
Phone: (41	0) 1860-6616		Date: 3 1 1	Date: 3 1 1	
Re:			CC:		
□Urgent	□For Review	□Please Comment	□Please Reply	□Please Recycle	
Commonwealth of Kentucky's Completed NOI for MIPCD.					

CONFIDENTIALITY NOTE

This facsimile message is intended only for the use of the individual or entity to which it is addressed and may contain confidential information that is legally privileged and exempt from disclosure and under applicable law. If the reader of this message is not the intended recipient, you are notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return same to us at the above address via the U.S. Postal Service.



ATTACHMENT

Notice of Intent to Apply

Submission:

- By Facsimile Preferred Fax: 410-786-1048
- By PDF file of the "Intent to Apply" to Edward.Hutton@cms.hhs.gov.

Please complete and return by April 4, 2011 to:

Ed Hutton Centers for Medicare & Medicaid Services 7500 Security Boulevard Mail Stop C4-14-15 Baltimore, MD 21244-1850 Phone: 410-786-6616, Fax: 410-786-1048

1. Name of State: Commonwealth of Kentucky

2. Applicant Agency/Organization: Department for Medicaid Services

3. Contact Name and Title: Kristina Hayden, Internal Policy Analyst

4. Address: Mailstop 6W-A, 275 East Main Street, Frankfort Ky 40621

5. Phone: (502) 564-4321 ext 2001 Fax: (502) 564-0509

6. E-mail address: Kristina. Nayden @ Ky 90V